



DATE OF APPLICATION: \_\_\_\_\_

**APPLICATION**

COMPANY Craig Transportation  
ADDRESS 26699 Eckel Rd  
CITY Perrysburg STATE OH ZIP 43552

In compliance with Federal and State equal opportunity laws, qualified applicants are considered for all positions without regard to race, religion, sex, national origin, age, marital status, or non-job related disability.

**TO BE READ AND SIGNED BY APPLICANT**

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e).

I also understand that I have the right to:

- Review information provided by previous employers
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer, and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information

**Applicant Signature: X** \_\_\_\_\_ **Date** \_\_\_/\_\_\_/\_\_\_

DRIVER NAME	_____	_____	_____
	(LAST)	(FIRST)	(MIDDLE)
ADDRESS	_____		
CITY	_____	STATE	_____ ZIP _____
TELEPHONE NUMBER	_____	CELL PHONE NUMBER	_____
DATE OF BIRTH	_____	SOCIAL SECURITY NUMBER	_____

**PREVIOUS ADDRESSES FOR THE PAST THREE (3) YEARS**

1) ADDRESS	_____				
CITY	_____	STATE	_____	ZIP	_____ FROM _____ TO _____
2) ADDRESS	_____				
CITY	_____	STATE	_____	ZIP	_____ FROM _____ TO _____
3) ADDRESS	_____				
CITY	_____	STATE	_____	ZIP	_____ FROM _____ TO _____

## WORK EXPERIENCE

In accordance with §391.21 & .23 of the Federal Motor Carrier Safety Regulations (FMCSR), an applicant must list all previous work experience for the three (3) years prior to the date of application shown on page one, as well as all commercial driving experience for seven (7) years prior to those three years, for a total of 10 years. If you are an owner operator, list carriers leased to. **PLEASE LIST STARTING WITH MOST RECENT EMPLOYER, USE ADDITIONAL SHEET IF NEEDED.**

<b>CURRENT OR LAST EMPLOYER COMPANY NAME:</b> _____			
ADDRESS:	_____	CITY:	_____ STATE: _____ ZIP: _____
PHONE:	_____	FAX:	_____ EMAIL: _____
SUPERVISOR NAME:	_____	REASON FOR LEAVING?	_____
JOB DESCRIPTION	_____	FROM:	_____ TO: _____
Were you subject to controlled substances and alcohol testing specified by 49 CFR Part 40 during this period?			<input type="checkbox"/> YES <input type="checkbox"/> NO
*Was this job subject to FMCSA Regulations?			<input type="checkbox"/> YES <input type="checkbox"/> NO
**ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason: _____			

<b>SECOND LAST EMPLOYER COMPANY NAME:</b> _____			
ADDRESS:	_____	CITY:	_____ STATE: _____ ZIP: _____
PHONE:	_____	FAX:	_____ EMAIL: _____
SUPERVISOR NAME:	_____	REASON FOR LEAVING?	_____
JOB DESCRIPTION	_____	FROM:	_____ TO: _____
Were you subject to controlled substances and alcohol testing specified by 49 CFR Part 40 during this period?			<input type="checkbox"/> YES <input type="checkbox"/> NO
*Was this job subject to FMCSA Regulations?			<input type="checkbox"/> YES <input type="checkbox"/> NO
**ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason: _____			

<b>THIRD LAST EMPLOYER COMPANY NAME:</b> _____			
ADDRESS:	_____	CITY:	_____ STATE: _____ ZIP: _____
PHONE:	_____	FAX:	_____ EMAIL: _____
SUPERVISOR NAME:	_____	REASON FOR LEAVING?	_____
JOB DESCRIPTION	_____	FROM:	_____ TO: _____
Were you subject to controlled substances and alcohol testing specified by 49 CFR Part 40 during this period?			<input type="checkbox"/> YES <input type="checkbox"/> NO
*Was this job subject to FMCSA Regulations?			<input type="checkbox"/> YES <input type="checkbox"/> NO
**ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason: _____			

\* The Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: 1) weighs or has a GVWR of 10,001 pounds or more, 2) is designed or used to transport 9 or more passengers, or 3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

\*\*Any gaps in employment and/or unemployment must be explained.

**COMMERCIAL DRIVER'S LICENSE INFORMATION**

LICENSE # \_\_\_\_\_ TYPE \_\_\_\_\_ STATE \_\_\_\_\_ EXP. DATE \_\_\_\_\_  
 (A,B, OR C)

ENDORSEMENTS (check all that apply):     DOUBLE/TRIPLE TRAILERS     TANK VEHICLES  
    PASSENGER VEHICLES         HAZARDOUS MATERIALS

LIST ANY ADDITIONAL LICENSE(S) HELD IN THE PAST 3 YEARS:  
 STATE: \_\_\_\_\_ NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_  
 STATE: \_\_\_\_\_ NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

HAS YOUR PERMIT, CDL, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE EVER BEEN DENIED, SUSPENDED, OR REVOKED OR CANCELLED?    NO    YES    IF YES, EXPLAIN:

**COLLISIONS**

PLEASE LIST ALL MOTOR VEHICLE COLLISIONS IN WHICH YOU WERE INVOLVED (BOTH COMMERCIAL AND PRIVATE VEHICLE) DURING THE PAST THREE YEARS PRIOR TO THE APPLICATION DATE. **IF NONE, WRITE "NONE"**

<u>DATE</u>	<u>DESCRIPTION</u>	<u>STATE</u>	<u># OF INJURIES</u>	<u># OF FATALITIES</u>	<u>HAZ.MAT SPILL</u> <input type="checkbox"/> NO <input type="checkbox"/> YES
_____	_____	_____	_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES
_____	_____	_____	_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES
_____	_____	_____	_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES

**TRAFFIC CONVICTIONS AND FORFEITURES**

PLEASE LIST ALL TRAFFIC CONVICTIONS AND/OR FORFEITURES (BOTH COMMERCIAL AND PRIVATE VEHICLE) FOR THE PAST THREE YEARS (OTHER THAN PARKING). **IF NONE, WRITE "NONE"**

<u>DATE</u>	<u>STATE</u>	<u>VIOLATION</u>	<u>PENALTY</u>	<u>COMMERCIAL VEHICLE?</u> <input type="checkbox"/> NO <input type="checkbox"/> YES
_____	_____	_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES
_____	_____	_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES
_____	_____	_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES

**DRIVING EXPERIENCE**

<u>EQUIPMENT CLASS</u>	<u>TYPE OF EQUIPMENT</u> (VAN, TANK, FLAT, ETC.)	<u>DATES</u> FROM	<u>DATES</u> TO	<u>APPROX. MILES DRIVEN</u>
STRAIGHT TRUCK	_____	_____	_____	_____
TRACTOR & SEMI TRAILER	_____	_____	_____	_____
OTHER	_____	_____	_____	_____
LIST COMMODITIES HAULED:	_____	_____	_____	_____

**EDUCATION**

PLEASE CIRCLE THE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 COLLEGE: 1 2 3 4

OTHER TRAINING : \_\_\_\_\_

HAVE YOU RECEIVED ANY SAFETY AWARDS OR SPECIAL TRAINING? \_\_\_\_\_

DO YOU HAVE FULL KNOWLEDGE OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS?  YES  NO

**GENERAL**

HAVE YOU BEEN A DRIVER FOR THIS COMPANY BEFORE?  YES  NO

IF SO, WHEN? \_\_\_\_\_ WHERE? \_\_\_\_\_

IS THERE ANY REASON YOU MIGHT BE UNABLE TO PERFORM THE FUNCTIONS OF THE JOB FOR WHICH YOU HAVE APPLIED?  YES  NO

HAVE YOU EVER BEEN CONVICTED FOR DUI, DWI OR OUI?  YES  NO

IN CASE OF EMERGENCY, CONTACT: \_\_\_\_\_ | ( ) \_\_\_\_\_ | \_\_\_\_\_  
Name Telephone number Relationship

**MUST BE READ AND SIGNED BY THE APPLICANT**

I authorize the carrier to make such inquiries and investigations of my personal, employment, driving, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I agree to abide by the rules and regulations of the carrier as well as the Federal Motor Carrier Safety Regulations. I also agree and understand that if I am selected to drive for the carrier that I will be on a probationary period during which time I may be discharged without recourse.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

X \_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Date**

## WORK EXPERIENCE (ADDENDUM PAGE 1)

**Driver Applicant Name:** \_\_\_\_\_  
**Social Security Number:** \_\_\_\_\_

<b>FOURTH LAST EMPLOYER COMPANY NAME:</b> _____			
ADDRESS: _____	CITY: _____	STATE: _____	ZIP: _____
PHONE: _____	FAX: _____	EMAIL: _____	
SUPERVISOR NAME: _____		REASON FOR LEAVING? _____	
JOB DESCRIPTION _____		FROM: _____	TO: _____
Were you subject to controlled substances and alcohol testing specified by 49 CFR Part 40 during this period?			<input type="checkbox"/> YES <input type="checkbox"/> NO
*Was this job subject to FMCSA Regulations?			<input type="checkbox"/> YES <input type="checkbox"/> NO
**ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason: _____			
_____			

<b>FIFTH LAST EMPLOYER COMPANY NAME:</b> _____			
ADDRESS: _____	CITY: _____	STATE: _____	ZIP: _____
PHONE: _____	FAX: _____	EMAIL: _____	
SUPERVISOR NAME: _____		REASON FOR LEAVING? _____	
JOB DESCRIPTION _____		FROM: _____	TO: _____
Were you subject to controlled substances and alcohol testing specified by 49 CFR Part 40 during this period?			<input type="checkbox"/> YES <input type="checkbox"/> NO
*Was this job subject to FMCSA Regulations?			<input type="checkbox"/> YES <input type="checkbox"/> NO
**ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason: _____			
_____			

<b>SIXTH LAST EMPLOYER COMPANY NAME:</b> _____			
ADDRESS: _____	CITY: _____	STATE: _____	ZIP: _____
PHONE: _____	FAX: _____	EMAIL: _____	
SUPERVISOR NAME: _____		REASON FOR LEAVING? _____	
JOB DESCRIPTION _____		FROM: _____	TO: _____
Were you subject to controlled substances and alcohol testing specified by 49 CFR Part 40 during this period?			<input type="checkbox"/> YES <input type="checkbox"/> NO
*Was this job subject to FMCSA Regulations?			<input type="checkbox"/> YES <input type="checkbox"/> NO
**ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason: _____			
_____			

\* The Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: 1) weighs or has a GVWR of 10,001 pounds or more, 2) is designed or used to transport 9 or more passengers, or 3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

\*\*Any gaps in employment and/or unemployment must be explained.

**MANDATORY USE FOR ALL MONTHLY ACCOUNT HOLDERS**

**IMPORTANT NOTICE  
REGARDING BACKGROUND REPORTS FROM THE PSP Online Service**

1. In connection with your application for employment with \_\_\_\_\_ (“Prospective Employer”), it may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

**2. I authorize \_\_\_\_\_ (“Prospective Employer”) to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.**

3. I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

4. Please note: Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

-----  
I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Please Print)

NOTICE: This form is made available to monthly account holders by NICT on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain a driver’s written or electronic consent prior to accessing the driver’s PSP report. Further, account holders are required by FMCSA to use the language provided in paragraphs 1-4 of this document to obtain a prospective driver’s consent. The language must be used in whole, exactly as provided. **The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.**